

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

133

Primary Registration District No.

3022

Registrar's No.

115

STATE FILM NUMBER
63-032045

FILED SEP 10 1963

1. PLACE OF DEATH

a. COUNTY

Warren

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Pattonburg

Length of stay in 1b

1 hour

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

North Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Daviess

c. CITY OR TOWN

Pattonburg

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Warren Twp.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

ARCH

WADE

STAPP

4. DATE OF DEATH

Month

Day

Year

Sept 3 - 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-14-1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Daviess Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Stapp

13b. MOTHER'S MAIDEN NAME

Susan Wilson

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. Bess West Pattonburg, Mo.

18. CAUSE OF DEATH (Enter only one cause of death)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Accident

INTERVAL BETWEEN ONSET AND DEATH

5 1/2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-15-61 to 9-2-63 and last saw him alive on 9-2-63. Death occurred at 1:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D. Sam Dowell M.D.

(Degree or title)

22b. ADDRESS

Pattonburg, Missouri

22c. DATE SIGNED

Sept 3, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-6-63

23c. NAME OF CEMETERY OR CREMATORY

Civil Burial Christian

23d. LOCATION (City, town, or county)

Daviess Co. Missouri

(State)

24. FUNERAL DIRECTOR

H.C. Robison Pattonburg Mo.

25. DATE RECD. BY LOCAL REG.

9-4-1963

26. REGISTRAR'S SIGNATURE

Gella Mayes

TAKEN TO DOCTOR 9-3-63

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0411

2 0310

3

4 0

5 0

6

7 0

8 2

9 331X

10

11

12 1-0

13 1-0

NOV 6 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harvey A. Johnson

Licensed Embalmer No. 5075

P. O. Address

Pattonburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.